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**\*BIBDATASHEET\***

CONFIRMATION NO. 3770

Bib Data Sheet

|                                    |   |                     |                               |  |
|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>10/627,828 | <b>FILING OR 371(c) DATE</b><br>07/25/2003<br><b>RULE</b> | <b>CLASS</b><br>351 | <b>GROUP ART UNIT</b><br>2873 | <b>ATTORNEY DOCKET NO.</b><br>63049.000092 |
|------------------------------------|---|---------------------|-------------------------------|--|

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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CON of 09/602,013 06/23/2000 PAT 6,619,799 which claims benefit of 60/142,053 07/02/1999  
 and claims benefit of 60/143,626 07/14/1999  
 and claims benefit of 60/147,813 08/10/1999  
 and claims benefit of 60/150,545 08/25/1999  
 and claims benefit of 60/150,564 08/25/1999  
 and claims benefit of 60/161,363 10/26/1999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 10/23/2003

|  |                               |                             |                           |                                 |
|--|-------------------------------|-----------------------------|---------------------------|---------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>VA | <b>SHEETS DRAWING</b><br>21 | <b>TOTAL CLAIMS</b><br>93 | <b>INDEPENDENT CLAIMS</b><br>16 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                               |                             |                           |                                 |
| Verified and Acknowledged<br>Examiner's Signature _____ Initials _____   |                               |                             |                           |                                 |

**ADDRESS**  
27682

**TITLE**  
SYSTEM, APPARATUS, AND METHOD FOR CORRECTING VISION USING AN ELECTRO-ACTIVE LENS

|                                    |   |  |
|------------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>3586 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
|                                    |   | <input type="checkbox"/> 1.16 Fees ( Filing )                  |
|                                    |   | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) |
|                                    |   | <input type="checkbox"/> 1.18 Fees ( Issue )                   |
|                                    |   | <input type="checkbox"/> Other _____                           |
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